

Name: **Joan Smith** DOB: 6/18/1969 Current Age: **34** Sex: **F**

<u>Date of Onset</u>	<u>Symptoms</u>	<u>Anatomic Site</u>	<u>Duration</u>	
+ Edit Delete	Fever		10 days	
- Edit Delete	10/.. /2003	Lesions/Sores	Vagina	2 weeks

***Worker:** + Linda Mattocks

***Date Obtained:** 10/15/2003

***Symptom:** Rash Sores/Lesions **Anatomic Site:** Vagina

Date of Onset: 10/.. /2003

Duration: 2 weeks

Notes: Call provider for additional details.

+ Edit Delete	10/05/2003	Weight Loss	2 weeks
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***Worker:** - LastName, FirstName

Quick Code

1777 NE Expressway, Suite 100

Atlanta, GA 30329

404-555-1212

***Date Obtained:**

mm/dd/yyyy

***Symptom:**

Anatomic Site:

Other Symptom:

Date of Onset: / /

mm dd yyyy

Duration: Days

Notes: